TESTIMONY OF

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on

ERGONOMICS AND HEALTH CARE PROVIDERS

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Chairman Enzi, Senator Wellstone, distinguished Subcommittee members, thank you for inviting us to discuss the Occupational Safety and Health Administration's (OSHA) proposed rule on ergonomics (64 FR 65768). This ergonomics program standard takes the overdue step of addressing the significant risk of work-related musculoskeletal disorders (MSDs) in general industry, including the health care industry. We strongly support OSHA's efforts in this area, and look forward to the implementation of this important rule.

Each year, approximately 1.8 million American workers suffer from MSDs, about one-third of which are serious enough to require time away from work. According to the Bureau of Labor Statistics, in 1998 there were nearly 90,000 MSDs with days away from work in the health care sector. And, more than fifteen percent of MSDs in private industry occurred in the health care sector, largely in hospitals and nursing homes. OSHA estimates that the workers- compensation for these MSDs cost $2.8 billion in 1996, and that the total costs to the economy of these disorders in this sector are $5.8 billion each year. However, the cost in suffering and diminished quality of life for American workers cannot be calculated. Workers with severe MSDs can face permanent disability that prevents them from returning to their jobs or even performing simple, every-day tasks such as washing their hair, picking up their child, or pushing a shopping cart in the grocery store.

Health care workers, particularly, face work environments that present high exposure to MSD risks. Nursing home health care workers, for example, are exposed to overexertion rates four times higher than all of private industry. Other health care providers, such as those in hospitals and home health, face similar risks. Worker health and safety are of paramount importance, and when these individuals give of themselves to care for others, at the least they deserve safeguards against suffering bodily injury. The OSHA ergonomics rule would help to provide this much-needed protection.

In addition to protecting workers, employers would reap financial benefits from the implementation of the ergonomics rule, with any incremental implementation costs outweighed by net savings. Worker absenteeism due to injuries, as well as workers' compensation costs, should decline with improved ergonomic conditions in the workplace. And it should enable employees who may have work restrictions,

such as some older or pregnant workers, to perform their duties and remain on the job for longer periods of time. Improvements from the OSHA ergonomics rule make sense from both the business and worker safety perspectives.

BACKGROUND

Ergonomic injuries have become an increasing concern in the health care field, and in general industry as a whole. A number of recent studies emphasize the need for an ergonomics standard that addresses identifying and controlling ergonomic hazards, training workers to recognize and avoid ergonomic threats, and managing MSDs. In 1997, the National Institute for Occupational Safety and Health (NIOSH) conducted an extensive review of the epidemiologic literature on MSDs and found strong evidence of work-related MSDs. NIOSH has also conducted ergonomics research, and responds to ergonomic concerns of employers and workers across a wide range of U.S. industries and occupations, including health care. NIOSH has concluded that the proposed ergonomics rule includes scientifically valid and feasible requirements, which, if implemented widely, will reduce the economic and human burden of one of the largest occupational health problems in the U.S. And NIOSH is not alone.

The National Academy of Sciences (NAS) assembled a panel of epidemiologists and medical researchers to examine the scientific literature relevant to work-related MSD's of the lower back, neck, and upper extremities. In its report, published in 1999, the NAS confirmed the overall findings of the NIOSH review and concluded that there is a strong biological plausibility to the relationship between the incidence of MSDs and causative factors in certain high-exposure work environments. This conclusion parallels OSHA's statement in the preamble to the proposed ergonomics rule that scientific evidence supports the causal relationship between physical factors in the workplace and MSDs. The NAS currently is carrying out a two-year study that will build on the work of the 1999 report.

Numerous other researchers and organizations, including the General Accounting Office, have conducted studies that yielded similar results, further bolstering support for the implementation of ergonomics programs in general industry workplaces.

Looking specifically at the health care industry, Arun Garg, of the University of Wisconsin – Milwaukee, conducted a NIOSH-sponsored study on the effectiveness of certain ergonomics programs in health care facilities in reducing injuries to health care workers resulting from manual lifting and transferring of patients. The programs, called "zero-lift" programs, were instituted in seven nursing homes and one hospital. In these health care facilities, nurses lift and move patients whose weights are considerably greater than the physical strength of many workers. Additionally, lifting the patients produces high compressive forces on the low back; and patients can be unpredictable in their movements, producing unexpected stresses on the body. The eight facilities in the study replaced manual lifting of patients with modern, battery-operated portable hoists and similar devices for transferring patients from one spot to another, such as from a wheel chair to a bed.

The zero-lift programs were highly successful. All eight facilities showed marked improvements in the number of injuries, lost workdays, and workers' compensation costs. For example, the number of injuries from patient transfers decreased by 86 percent, restricted workdays decreased by 64 percent, and workers' compensation costs decreased by 84 percent. Overall, the eight facilities experienced decreases of 32 percent of all injuries, 62 percent in all lost workdays, 6 percent in all restricted workdays, and 55 percent in total workers' compensation costs. These numbers represent tremendous improvements for health care businesses and providers. In addition, the ergonomics program produced numerous intangible

benefits. For example:

- Patients experienced improved comfort and safety during transfers and patient care;
- Nursing personnel felt less fatigued and less back pain at the end of their shifts; and,
- More pregnant and older workers were able to perform their duties and stay on the job longer.

While many studies demonstrate that ergonomics programs can save health care providers money, as well as protect workers, increase productivity, and decrease employee turnover, we are aware of no scientific data supporting assertions that ergonomics programs will harm providers or impede access to health care. To the contrary, by implementing ergonomics programs, health care businesses should realize savings due to increased productivity and lower costs for workers' compensation and employee workdays lost. Providers should experience decreased MSDs, improving their employees' personal health and welfare. And patients will have fewer caregivers out on sick leave and therefore unavailable to aid them, as well as potentially facing a lower risk of injury than they face through manual lifting.

The benefits of ergonomics programs to health care providers abound; not just in theory, but in practice. For instance, the University Nursing Center of Enid, Oklahoma, cut the rate of work-related MSDs by 75 percent between 1996 and 1998, and reduced lost workdays by more than 85 percent through its ergonomics program. In just two years, an ergonomics program at Lovely Hill Nursing Home in Pawling, New York, led to a reduction in workdays lost to MSDs from 287 to 37. Even more successfully, the Kennebec Health System of Augusta, Maine, reduced annual lost workdays from 1,097 to 48 after implementing an ergonomic program and mechanical lifting devices. As a result, their insurance costs went from $1.6 million annually to $770,293 – a cost savings of more than $800,000 a year.

The evidence argues strongly that ergonomics programs can reduce MSDs and yield cost savings for employers. Recognizing this, many health care employers have already instituted ergonomics programs. To the extent that many nursing homes had implemented ergonomics programs in 1995, the year on which skilled nursing facility costs were used to establish Medicare prospective payment rates, implementation costs for ergonomic programs have already been incorporated into nursing home payment rates. In addition, we regularly monitor skilled nursing facilities to ensure that payments are adequate to support quality patient care, and we have worked closely with Congress to make adjustments when necessary, as was done in the Balanced Budget Refinement Act of 1999.

CONCLUSION

Numerous studies demonstrate the hazards and costs of ergonomic injuries to health care providers and workers. Other studies support the efficacy of ergonomics programs in addressing these concerns. Ergonomics programs can protect workers' health, reduce lost workdays and workers' compensation costs, and aid the care of patients. OSHA estimates that its proposed standard would prevent about three million MSDs over ten years, with annual benefits of over $9 billion. We believe it will benefit both providers and patients and should be swiftly implemented. I thank you again for holding this hearing, and I am happy to answer your questions.